

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Leslie A. Cohen (SBN 93698) Jaime K. Williams (SBN 261148) LESLIE COHEN LAW PC 506 Santa Monica Blvd, Ste 200 Santa Monica, CA 90401 T: 3310.394.5900 F: 310.394.9280 leslie@lesliecohenlaw.com jaime@lesliecohenlaw.com</p>	<p>FOR COURT USE ONLY</p>
<p><input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor Debtor</p>	
<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</p>	
<p>In re: Mark Elias Crone</p>	<p>CASE NO.: 2:17-bk-12392-BR CHAPTER: 7</p>
<p>SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]</p>	

A filing fee is required to amend Schedules D or E/F (see [Abbreviated Fee Schedule](#) on the Court's website www.cacb.uscourts.gov). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.

Are one or more creditors being added? Yes No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- Schedule A/B Schedule C Schedule D Schedule E/F Schedule G
 Schedule H Schedule I Schedule J Schedule J-2 Statement of Financial Affairs
 Statement About Your Social Security Numbers Statement of Intention Master Mailing List
 Other (specify) Supplemental Master Mailing List

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and/or statements are true and correct.

Date: 9/20/18

Mark Elias Crone


Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

Fill in this information to identify your case and this filing:

Debtor 1	Mark Elias Crone	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Central	District of CA (State)
Case number	2:17-bk-12392-BR	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____



Debtor 1

Mark Elias Crone

First Name Middle Name Last Name

Case Number (if known) 2:17-bk-12392-BR

<p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____</p>		<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
<p>1.3. Street address, if available, or other description <hr/><hr/></p> <p>City _____ State _____ ZIP Code _____ County _____</p>		<p>Current value of the entire property? \$ _____</p>	<p>Current value of the portion you own? \$ _____</p>
<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p>		<p><input type="checkbox"/> Check if this is community property (see instructions)</p>	
<p>Other information you wish to add about this item, such as local property identification number: _____</p>			
<p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here</p>			<p>\$ 0.00</p>
<p>Part 2: Describe Your Vehicles</p>			
<p>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.</p>			
<p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p>			
<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p>	
<p>3.1. Make: <u>Audi</u> Model: <u>Q5</u> Year: <u>2013</u> Approximate mileage: <u>56,000</u> Other information: <input type="checkbox"/> Leased</p>		<p>Who has an interest in the property? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> <p>\$ 0.00</p>	
<p>If you own or have more than one, describe here:</p>			
<p>3.2. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <input type="checkbox"/></p>		<p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> <p>\$ 0.00</p>	

First Name

Middle Name

Last Name

3.3. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Approximate mileage: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

If you own or have more than one, list here:

4.1. Make: _____

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model: _____

Year: _____

Other information:
_____ **Check if this is community property** (see instructions)

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ➔

\$ 0.00

Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Misc. furnishing and home goods

\$ 500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

personal computer, tv, cell phone

\$ 600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

2 pair running shoes

\$ 50.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

misc. apparel

\$ 100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

\$ _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

\$ _____

14 Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Give specific information

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 1,250.00



First Name

Middle Name

Last Name

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No YesCash: 200 \$ 200.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1. Checking account:	<u>Chase</u>	\$ <u>900.00</u>
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes

Institution or issuer name:

<u>CUDA stock (168 shares)</u>	\$ <u>3,974.00</u>
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

See Attached.

% of ownership:

%

\$ _____

%

\$ _____

%

\$ _____



Debtor 1

First Name Middle Name

Last Name

Case Number (if known) 2:17-bk-12392-BR

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific

Issuer name:

information about
them.....

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each

account separately.. Type of account: Institution name:

401(k) or similar plan:	The Crone Law Group	\$ 11,000.00
Pension plan:	_____	\$ _____
IRA:	_____	\$ _____
Retirement account:	_____	\$ _____
Keogh:	_____	\$ _____
Additional account:	_____	\$ _____
Additional account:	_____	\$ _____

22 Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

Institution name or individual:

Electric:	_____	\$ 75.00
Gas:	_____	\$ _____
Heating oil:	_____	\$ _____
Security deposit on rental unit:	_____	\$ 500.00
Prepaid rent:	_____	\$ _____
Telephone:	_____	\$ _____
Water:	_____	\$ _____
Rented furniture:	_____	\$ _____
Other:	_____	\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____



Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case Number (if known) 2:17-bk-12392-BR

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them..

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them..

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them..

_____	\$ _____
-------	----------

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

_____	\$ _____
-------	----------

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.

_____	\$ _____
-------	----------

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.

_____	\$ _____
-------	----------



Debtor 1 First Name Mark Elias Crone Middle Name Last Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Mass Mutual

Beneficiary:

Susan Crone

Surrender or refund value:

\$ 0.00

\$

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

Potential counter claims against Jeff Rinde, CKR Law, LLP and CKR Global Advisors, Inc. (value est. up to \$5 million)

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

See above

\$

35. Any financial assets you did not already list

No

Yes. Give specific information.

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 16,649.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe....

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe....

\$



Debtor 1

First Name Middle Name Last Name

Mark Elias Crone

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

	\$ _____
--	----------

40. Inventory

No

Yes. Describe.....

	\$ _____
--	----------

42 Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

_____	% _____	\$ _____
_____	% _____	\$ _____
_____	% _____	\$ _____

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe

	\$ _____
--	----------

44. Any business-related property you did not already list

No

Yes. Give specific information

	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....



	\$ 0.00
--	---------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes

	\$ _____
--	----------



Debtor 1 First Name Middle Name Last Name

48. Crops—either growing or harvested

No

Yes. Give specific information

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ➔

	\$ _____
--	----------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information

	\$ _____
	\$ _____
	\$ _____

54 Add the dollar value of all of your entries from Part 7. Write that number here ➔

	\$ _____
--	----------

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... ➔ \$ 0.00

56. Part 2: Total vehicles, line 5 \$ 0.00

57. Part 3: Total personal and household items, line 15 \$ 1,250.00

58. Part 4: Total financial assets, line 36 \$ 16,649.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61 \$ 17,899.00 Copy personal property total ➔ + \$ 17,899.00

63. Total of all property on Schedule A/B. Add line 55 + line 62 \$ 17,899.00



Mark Elias Crone
2:17-bk-12392-BR
Schedule A/B
Question 19

Interest in Businesses

1. Ascendant Global Advisors f/k/a CKR Global Advisors Inc.

Ownership Interest: 50%-75%

1330 Avenue of the Americas, 14th Floor

New York, NY 10019

Value: Unknown, if any.

2. CKR Escrow Services:

Ownership Interest: up to 50%

1330 Avenue of the Americas, 14th Floor

New York, NY 10019

Value: Unknown, if any.

3. CKR Law Beijing:

Ownership Interest: up to 50%

B12 Jianguomenwai Avenue

Twin Towers

15th Floor

100022 Beijing, China

Value: Unknown, if any. Ownership disputed.

4. CKR Law London:

Ownership Interest: up to 50%

Cumbrian House

6 Porter Street

London W1U 6DD

Value: Unknown, if any. Ownership disputed.

Fill in this information to identify your case:

Debtor 1	Mark Elias Crone		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Central</u>		District of <u>CA</u>	(State)
Case number (If known) <u>2:17-bk-12392-BR</u>			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>
Brief description: <u>furnishing/ home goods/electronics/apparel</u>	\$ <u>1,200.00</u>	<input checked="" type="checkbox"/> \$ <u>1,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CCP 703.140(b)(3)</u>
Line from <i>Schedule A/B</i> : <u>6, 7, 11</u>			
Brief description: <u>Crone Law Grp Plan</u>	\$ <u>11,000.00</u>	<input checked="" type="checkbox"/> \$ <u>11,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CCP 703.140(b)(10)</u>
Line from <i>Schedule A/B</i> : <u>21</u>			
Brief description: <u>cash, bank account</u>	\$ <u>1,100.00</u>	<input checked="" type="checkbox"/> \$ <u>1,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>CCP 703.140(b)(5)</u>
Line from <i>Schedule A/B</i> : <u>16, 17</u>			

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
 Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Mass Mutual Policy</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 703.140(b)(7)(8)
Line from Schedule A/B: <u>31</u>			
Brief description: <u>athletic apparel</u>	\$ <u>50.00</u>	<input checked="" type="checkbox"/> \$ <u>50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 703.140(b)(5)
Line from Schedule A/B: <u>9</u>			
Brief description: <u>security deposits</u>	\$ <u>575.00</u>	<input checked="" type="checkbox"/> \$ <u>575.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 703.140(b)(5)
Line from Schedule A/B: <u>22</u>			
Brief description: Potential counter claims against Jeff Rinde, CKR Global Advisors Inc., CKR Law LLP	\$ <u>Up to \$5 million</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 703.140(b)(5)
Line from Schedule A/B: <u>33, 34</u>			
Brief description: <u>CUDA stock</u>	\$ <u>3,974.00</u>	<input checked="" type="checkbox"/> \$ <u>3,974.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 703.140(b)(5)
Line from Schedule A/B: <u>18</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

page 2 of 2

Fill in this information to identify your case:

Debtor 1	Mark Elias Crone	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	Central	District of CA (State)
Case number 2:17-bk-12392-BR (If known)		

Check if this is an amended filing

Official Form 106E/FSchedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority Amount	Nonpriority amount
2.1 Franchise Tax Board	Last 4 digits of account number	\$	\$
Priority Creditor's Name			
P. O. Box 2952	When was the debt incurred?		
Number Street			
Bankruptcy Section, MS: A-340	As of the date you file, the claim is:	Check all that apply.	
Sacramento CA 95812-2952	<input type="checkbox"/> Contingent		
City State ZIP Code	<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	Type of PRIORITY unsecured claim:		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	2016 tax liability, if any,		
	<input type="checkbox"/> Other. Specify TBD		
2.2 Georgia Dept of Rev.	Last 4 digits of account number	\$ 1,905.00	\$ 1,905.00 \$ 0.00
Priority Creditor's Name	When was the debt incurred?		
1800 Century Boulevard	As of the date you file, the claim is:	Check all that apply.	
Number Street	<input type="checkbox"/> Contingent		
Atlanta GA 30345	<input type="checkbox"/> Unliquidated		
City State ZIP Code	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify State taxes		
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority Amount	Nonpriority amount	
2.3	Internal Revenue Service (IRS)				641,582.1	57,817.9	583,764.
Priority Creditor's Name P.O. Box 7346				Last 4 digits of account number	\$ 5	\$ 6	\$ 19
Number Street Philadelphia PA 19101-7346				When was the debt incurred?			
City State ZIP Code				As of the date you file, the claim is: Check all that apply.			
				<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
				Type of PRIORITY unsecured claim:			
				<input type="checkbox"/> Domestic support obligations			
				<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
				<input type="checkbox"/> Other. Specify taxes			
Who incurred the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only							
<input type="checkbox"/> Debtor 2 only							
<input type="checkbox"/> Debtor 1 and Debtor 2 only							
<input type="checkbox"/> At least one of the debtors and another							
<input type="checkbox"/> Check if this claim is for a community debt							
Is the claim subject to offset?							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes							
2.4	NY Dept of Tax & Fin				Last 4 digits of account number	\$ 6,897.00	\$ 6,897.00 \$ 0.00
Priority Creditor's Name PO BOX 4127				When was the debt incurred?			
Number Street BINGHAMTON NY 13902-4127				As of the date you file, the claim is: Check all that apply.			
City State ZIP Code				<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.				Type of PRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Domestic support obligations			
<input type="checkbox"/> Debtor 2 only				<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
<input type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Other. Specify State taxes			
Is the claim subject to offset?							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes							
2.5	State of CT DRS				31,466.0		
Priority Creditor's Name 450 Columbus Blvd, Suite 1				Last 4 digits of account number	\$ 31,466.00	\$ 0	\$ _____
Number Street				When was the debt incurred?			
Hartford CT 06103				As of the date you file, the claim is: Check all that apply.			
City State ZIP Code				<input type="checkbox"/> Contingent			
				<input type="checkbox"/> Unliquidated			
				<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.				Type of PRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Debtor 1 only				<input type="checkbox"/> Domestic support obligations			
<input type="checkbox"/> Debtor 2 only				<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
<input type="checkbox"/> Debtor 1 and Debtor 2 only				<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> At least one of the debtors and another				<input type="checkbox"/> Other. Specify business taxes			
Is the claim subject to offset?							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes							



Part 1: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim		
4.1	<p>101 Montgomery Street Cal Fox Inc. Attn Derek Taylor</p> <p>Nonpriority Creditor's Name</p> <p>101 Montgomery Street Number Street</p> <p>San Francisco CA 94104 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business rent</u></p>	\$ 101,000.00
4.2	<p>American Express</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 650448 Number Street</p> <p>Dallas TX 75265-0448 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business card</u></p>	\$ 127,312.00
4.3	<p>American Express Plum</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 650448 Number Street</p> <p>Dallas TX 75265-0448 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business card</u></p>	\$ 3,028.41



Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4 Bank of America

Nonpriority Creditor's Name

P.O. Box 15019

Number	Street	
Wilmington	DE	19850-5019
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 14,729.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify BOA Visa _____

4.5

Bank of America

Nonpriority Creditor's Name

PO Box 941000

Number	Street	
Simi Valley	CA	93094-1000
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 19,438.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify credit _____

4.6

Better Business Bureau

Nonpriority Creditor's Name

1000 Broadway #625

Number	Street	
Oakland	CA	94607
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 560.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.7	Blue Shield of California		Last 4 digits of account number	
	Nonpriority Creditor's Name			\$ 2,032.00
	P.O. Box 272540			
	Number Street			
	Chico CA	95927-2540		
	City State ZIP Code			
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?		Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Yes		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify <u>business</u>	
4.8	BMW Financial Services		Last 4 digits of account number	20,286.2
	ATTN: Customer Correspondence			\$ 9
	Nonpriority Creditor's Name			
	PO BOX 3608			
	Number Street			
	Dublin OH	43016-0306		
	City State ZIP Code			
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?		Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Yes		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify <u>business</u>	
4.9	Broadridge		Last 4 digits of account number	\$ 1,792.23
	Nonpriority Creditor's Name			
	5 Dakota Drive, Suite 300			
	Number Street			
	Lake Success NY	11042		
	City State ZIP Code			
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?		Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Yes		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify <u>business (filings for client)</u>	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.10 CitiBank Nonpriority Creditor's Name P.O. Box 6500 Number Street Sioux Falls SD 57117 City State ZIP Code				Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11 Corodata Nonpriority Creditor's Name 740 National Ct Number Street Richmond CA 94804 City State ZIP Code				Last 4 digits of account number _____ \$ 461.48 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business (file storage)</u>
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12 Dell Financial Services Nonpriority Creditor's Name PO Box 81577 Number Street Austin TX 78708-1577 City State ZIP Code				Last 4 digits of account number _____ \$ 1,258.30 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business (computers)</u>
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	Dritsas Groom McCormick LLP			Last 4 digits of account number _____	\$ <u>4,554.00</u>
Nonpriority Creditor's Name 7576 North Ingram Number Street Fresno CA 93711 City State ZIP Code				When was the debt incurred? _____	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>accountants</u>					
Last 4 digits of account number _____ \$ <u>1,000.00</u>					
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>					
Last 4 digits of account number _____ \$ <u>405,075.</u>					
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>atty fees business related SEC litigation</u>					

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16

HSBC

Nonpriority Creditor's Name

PO Box 80084

Number	Street	
Salinas	CA	93912-0084
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 27,970.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17

ICON Office Technology

Nonpriority Creditor's Name

11700 W Charleston Blvd STE 170 PMB 249

Number	Street	
Las Vegas	NV	89135-1575
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 2,048.92

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business office tech

4.18

IPFS Corporation

Nonpriority Creditor's Name

49 Stevenson Street Suite 1275

Number	Street	
San Francisco	CA	94195
City	State	ZIP Code

14,830.4

\$ 3

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19 IT Tech Products

Nonpriority Creditor's Name

PO Box 12017

Number	Street
Costa Mesa	CA 92627
City	State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 947.08

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business _____

4.20

Jams

Nonpriority Creditor's Name

Two Embarcadero Center, Suite 1500

Number	Street
San Francisco	CA 94111
City	State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 377.51

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business _____

4.21

Jeff Rindel et al

Nonpriority Creditor's Name

1330 Avenue of the Americas

Number	Street
New York	NY 10019
City	State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

600,000.

\$ 00

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Business dispute b/w partners & affili. entities _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.22 Joseph & Cohen				
Nonpriority Creditor's Name 1855 Market St Number Street San Francisco CA 94103 City State ZIP Code				Last 4 digits of account number _____ \$ <u>7,500.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business (legal advice)</u>
4.23 Key Equipment Finance				Last 4 digits of account number _____ \$ <u>2,881.62</u>
Nonpriority Creditor's Name 3 Embarcadero Center Number Street San Francisco CA 94111 City State ZIP Code				When was the debt incurred? _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business (copier lease)</u>
4.24 LexisNexis, Matthew Bender				Last 4 digits of account number _____ \$ <u>5,073.98</u>
Nonpriority Creditor's Name 201 Mission St #2600 Number Street San Francisco CA 94105 City State ZIP Code				When was the debt incurred? _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business - legal research</u>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	Matthew Bender & Co Nonpriority Creditor's Name 201 Mission St # 2600 Number Street San Francisco CA 94105 City State ZIP Code			Last 4 digits of account number _____	\$ <u>152.95</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>bus. legal research</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.26	Modern Business Machines Nonpriority Creditor's Name 620 N Lynndale Dr. Number Street Appleton WI 54914 City State ZIP Code			Last 4 digits of account number _____	\$ <u>535.46</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.27	Officia Imaging, Inc Nonpriority Creditor's Name 225 Bush Street Number Street San Francisco CA 94104 City State ZIP Code			Last 4 digits of account number _____	\$ <u>148.06</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28	Pacer Service Center Nonpriority Creditor's Name PO Box 780549 Number Street San Antonio TX 78278 City State ZIP Code			Last 4 digits of account number _____	\$ <u>230.50</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business</u> _____	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.29	PLI Nonpriority Creditor's Name 685 Market St # 100 Number Street San Francisco CA 94105 City State ZIP Code			Last 4 digits of account number _____	\$ <u>295.02</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>bus. (legal cont'ng edu.)</u> _____	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.30	Reavis Parent Lehrer LLP Nonpriority Creditor's Name 41 Madison Ave # 4102 Number Street New York NY 10010 City State ZIP Code			<u>77,035.00</u>	
				Last 4 digits of account number _____	\$ <u>0</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>work</u> _____	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim

4.31	Riker Danzig Scherer Hyland Perretti LLP Attn: Gregory Blue			
Nonpriority Creditor's Name 500 Fifth Avenue Number Street New York NY 10110 City State ZIP Code				Last 4 digits of account number _____ \$ <u>8,045.50</u> When was the debt incurred? _____
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				
				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business</u>
4.32	Rogers Joseph O'Donnell & Phillips			Last 4 digits of account number _____ \$ <u>2,500.00</u> When was the debt incurred? _____
Nonpriority Creditor's Name 311 California St., FL 10 Number Street San Francisco CA 94104 City State ZIP Code				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> business (ethics) <input checked="" type="checkbox"/> Other. Specify <u>guidance</u>
4.33	Sidemark			Last 4 digits of account number _____ \$ <u>2,628.58</u> When was the debt incurred? _____
Nonpriority Creditor's Name 222 Sutter St #750 Number Street San Francisco CA 94108 City State ZIP Code				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>business</u>

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34 TelePacific

Nonpriority Creditor's Name

701 Gateway Blvd #151

Number

Street

South San Francisco

CA

94080

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 4,974.55

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business (phones) _____

4.35

Thomson West

Nonpriority Creditor's Name

50 California St #200

Number

Street

San Francisco

CA

94105

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ 3,078.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business _____

4.36

Umpqua Bank

Nonpriority Creditor's Name

3938 24th Street

Number

Street

San Francisco

CA

94114

City

State

ZIP Code

109,933.

\$ 00

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify business LOC _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.37	US Bank			
Nonpriority Creditor's Name			Last 4 digits of account number	
10866 Wilshire Blvd Ste 101				\$ 12,300.71
Number Street		When was the debt incurred?		
Los Angeles CA 90024				
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.38	Verisight, Inc			Last 4 digits of account number
Nonpriority Creditor's Name				\$ 435.39
2001 N Main St Suite 500			When was the debt incurred?	
Number Street				
Walnut Creek CA 94596				
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.39	Wall Street Calendar Corporation			Last 4 digits of account number
Nonpriority Creditor's Name				\$ 495.00
60 Greenlawn Rd			When was the debt incurred?	
Number Street				
Huntington NY 11743				
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40	West Payment Center Nonpriority Creditor's Name PO Box 6292 Number Street Carol Stream IL 60197-6292 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$ <u>662.94</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.41	Wolters Kluwer Law & Business Nonpriority Creditor's Name 20101 Hamilton Ave #225 Number Street Torrance CA 90502 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$ <u>1,407.29</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.42	Bank of America HELOC Nonpriority Creditor's Name PO Box 941000 Number Street Simi Valley CA 93094-1000 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$ <u>151,788.00</u>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43	San Francisco Tax Collector Nonpriority Creditor's Name Dr Carlton B Goodlett Pl 1 San Francisco City Hall # 140 Number Street San Francisco CA 94102 City State ZIP Code			Last 4 digits of account number _____	\$ <u>2,477.70</u>
				When was the debt incurred? <u>>5 years ago</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business taxes</u>					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.44	Office of the Treasurer & Tax Collector Nonpriority Creditor's Name Dr Carlton B Goodlett Pl 1 San Francisco CA 94102 Number Street City State ZIP Code			Last 4 digits of account number _____	\$ <u>30,730.4</u>
				When was the debt incurred? <u>>5 years ago</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>business taxes</u>					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
	The Crone Law Group 401k Profit Sharing Plan c/o All Valley Administrators, LLC Nonpriority Creditor's Name 7525 N Cedar Ave #109 Number Street Fresno, CA 93720 City State ZIP Code			Last 4 digits of account number _____	\$ <u>16,000</u>
				When was the debt incurred? <u>2015</u>	
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Loan</u>					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Part 2: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Umpqua Bank

Name

1 SW Columbia Street, Suite 100

Number Street

Portland OR 97258

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations	6a. \$ _____ 0.00	Total claim
6b. Taxes and certain other debts you owe the Government	6b. \$ _____ 98,085.96	
6c. Claims for death or personal injury while you were Intoxicated	6c. \$ _____ 0.00	
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00	
		6e. \$ _____ 98,085.96

Total claims from Part 2

6f. Student loans	6f. \$ _____ 0.00	Total claim
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00	
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 16,000.00	
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 1,798,010.46	
		6j. \$ _____ 1,805,010.46

Fill in this information to identify your case:

Debtor 1	Mark Elias Crone		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Central</u>		District of <u>CA</u>	(State)
Case number <u>2:17-bk-12392-BR</u> (If known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


Signature of Debtor 1
Mark Elias Crone

Date 9/20/18
MM / DD / YYYY



Signature of Debtor 2

Date
MM / DD / YYYY



Fill in this information to identify your case:

Debtor 1	Mark Elias Crone		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Central	District of	CA (State)
Case number (If known)	2:17-bk-12392-BR		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
17 Number Street	From 2000 To 2016	Same as Debtor 1 Number Street	Same as Debtor 1 From _____ To _____
West Granby CT City State ZIP Code	City State ZIP Code	Same as Debtor 1 Number Street	Same as Debtor 1 From _____ To _____
City State ZIP Code	City State ZIP Code	Same as Debtor 1 Number Street	Same as Debtor 1 From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Mark Elias Crone
First Name Middle Name Last Name

Case number (if known) 2:17-bk-12392-BR

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: (January 1 to December 31, <u>2016</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ <u>47,761.62</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ _____	\$ _____
For last calendar year: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business \$ <u>67,700.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ _____	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business \$ <u>242,244.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ _____	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: (January 1 to December 31, <u>2016</u>) YYYY	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____
For last calendar year: (January 1 to December 31, <u>2015</u>) YYYY	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____
For the calendar year before that: (January 1 to December 31, <u>2015</u>) YYYY	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____

Debtor 1

Mark Elias Crone

First Name

Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____ Number Street _____ City State ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number Street _____ City State ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name _____ Number Street _____ City State ZIP Code _____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1

Mark Elias Crone
First Name Middle Name Last Name

Case number (if known) 2:17-bk-12392-BR

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case number (if known)

2:17-bk-12392-BR

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.Case title Rinde et al v. CroneCase number 652963/2016

Case title _____

Case number _____

Nature of the case	Court or agency	Status of the case
Business dispute with former law partner; also subject to arbitration proceedings before AAA	Supreme Court of the State of New York, County of New York Court Name 60 Centre Street Number Street New York NY 10007 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____	Court Name Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____	City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Reavis Parent

Creditor's Name

41 Madison Ave

Number Street

4102

New York NY 10010

City State ZIP Code

Describe the property	Date	Value of the property
10% of draw (\$2000) per month withheld by my employer, CKR, but never remitted to Reavis	2016	\$ 12,000.00

Explain what happened

- Property was repossessed.
- Property was foreclosed.
- Property was garnished.
- Property was attached, seized, or levied.

Creditor's Name

Number Street

City State ZIP Code

Describe the property	Date	Value of the property
_____	_____	\$ _____

Explain what happened

- Property was repossessed.
- Property was foreclosed.
- Property was garnished.
- Property was attached, seized, or levied.

Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount
Creditor's Name				\$ _____
Number Street				

City State ZIP Code

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			



Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____		_____	\$ _____
Number Street _____ _____		_____	\$ _____
City State ZIP Code _____ _____ _____			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Leslie Cohen Law PC
Person Who Was Paid
506 Santa Monica Blvd.
Number Street
Suite 200
S. Monica CA 90401
City State ZIP Code
lesliecohenlaw.com
Email or website address
Debtor's father paid \$2500
Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
legal services	2016-17	\$ 7,835.00
	_____	\$ _____

Creditor 1

Mark Elias Crone

First Name Middle Name Last Name

Case number (if known) 2:17-bk-12392-BR

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			\$ _____
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			\$ _____
Number Street			\$ _____
City State ZIP Code			\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer	See Attached		
Number Street			
City State ZIP Code			
Person's relationship to you	_____		
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you	none		



Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Wells Fargo

Name of Financial Institution

XXXX- 9681

Checking

12/2016

\$ 1,000.00

Savings

Money market

Brokerage

Other

Number Street

44 Jerome Ave

Bloomfield CT 06002
City State ZIP Code

XXXX- _____

Checking

\$ _____

Savings

Money market

Brokerage

Other _____

Name of Financial Institution

Number Street

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

JP Morgan Chase

Name of Financial Institution

1370 Avenue of the Americas

Number Street

New York NY

City State ZIP Code

stock certificates (transferred to ex-wife pursuant to divorce judgment)

No
 Yes



Debtor 1

Mark Elias Crone
First Name Middle Name Last Name

Case number (if known) 2:17-bk-12392-BR

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code



Debtor 1

Mark Elias Crone

First Name

Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		
Court Name		<input type="checkbox"/> Pending
Number Street		<input type="checkbox"/> On appeal
Case number		<input type="checkbox"/> Concluded
City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

See attached Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____ - _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____ - _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

Debtor 1

Mark Elias Crone

First Name Middle Name

Last Name

Case number (if known) 2:17-bk-12392-BR

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

BofA re mortgage/short sale

2016

MM / DD / YYYY

Number Street

State of CT Superior Ct (for divorce)

2016

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Signature of Debtor 1
Mark Elias Crone

Date 9/20/18



Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ . Attach the *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Mark Elias Crone
2:17-bk-12392-BR
Statement of Financial Affairs
Question 18

- 1. Susan Crone**
106 Holister Way
S. Glastonbury, CT 06033
Relationship to Debtor: ex wife
Property transferred: Pursuant to 2016 Divorce judgment, A) right and title to either (i) the proceeds awarded by a court or arbitrator (ii) any proceeds received via settlement of the dispute between Debtor and Jeffrey Rinde or (iii) whatever proceeds are otherwise determined to be distributed out of Ascendant Global Advisors, Inc to Debtor, (iv) any right, title and interest in the restricted Akoustis Technologies, Inc. shares and (v) any right, title and interest in Ascendant Global Advisors, Inc. in whichever case, as alimony payment. B) 50% interest in 401k, valued at \$11,000. Cash in amount of \$18,000 (\$2,000 per month) from April 2016 - Dec. 2016 for partial spousal support obligation and home maintenance pursuant to parties' agreement. Cash in amount of \$2,000 month in January 2017 and February 2017 pursuant to divorce judgment entered Dec. 2016.
- 2. Sri Divakaruni**
17 Olde Orchard Drive, W. Granby, CT 06090
Relationship to Debtor: none
Property Transferred: 10/2016 Sale of Real property: 17 Olde Orchard Drive, West Granby, CT 06090, per short sale as agreed with lender. Debtor received no proceeds.
- 3. Jeffrey Rinde**
1330 Avenue of the Americas, 14th Floor
New York, NY 10019
Relationship to Debtor: business associate
Property transferred: 50% ownership interest in CKR Law LLP in 2016

Mark Elias Crone
2:17-bk-12392-BR
Statement of Financial Affairs
Part 11, Question 27

Interest in Businesses

- 1. Ascendant Global Advisors f/k/a CKR Global Advisors Inc.**
Ownership Interest: 50%-75%
1330 Avenue of the Americas, 14th Floor
New York, NY 10019
Affiliate of CKR Law LLP providing business consulting services
Andrea Nathanson – Controller
EIN (unknown)
2015-present

- 2. CKR Law LLP**
Ownership Interest: 50%
1330 Avenue of the Americas, 14th Floor
New York, NY 10019
Law firm providing US legal services
Andrea Nathanson – Controller
EIN (unknown)
2014-2016

- 3. Crone Law Group**
Ownership Interest: 100%
101 Montgomery Avenue
San Francisco, CA 94105
Law Firm
Russ Davidson – Controller
EIN 20-0702145
2000-2014 (partial year)

The Following entities are believed to be in existence although of no value. Debtor does not have access to documents relating to these entities:

4. CKR Escrow Services:

Ownership Interest: 50%

**1330 Avenue of the Americas, 14th Floor
New York, NY 10019
Escrow services for CKR Law LLP
Andrea Nathanson – Controller
EIN (unknown)
2015-present**

5. CKR Law Beijing:

Ownership Interest: 50%

**B12 Jianguomenwai Avenue
Twin Towers
15th Floor
100022 Beijing, China
Affiliate of CKR Law LLP providing PRC legal services
Andrea Nathanson – Controller
EIN (unknown)
2015-2017**

6. CKR Law London:

Ownership Interest: 50% Cumbrian House

**6 Porter Street
London W1U 6DD
Affiliate of CKR Law LLP providing UK legal services
Andrea Nathanson – Controller
EIN (unknown)
2015-2017**

7. Megos Trading Corp. Ltd.:

Ownership Interest: 100%

**Holding company for off shore assets earned through CKR Law LLP
Andrea Nathanson – Controller
EIN (unknown)
2015-2016**

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Leslie A. Cohen (SBN 93698) J'aime K. Williams (SBN 261148)</p> <p>LESLIE COHEN LAW PC 506 Santa Monica Blvd., Suite 200 Santa Monica, CA 90401 T: 310.394.5900 F: 310.394.9280 leslie@lesliecohenlaw.com jaime@lesliecohenlaw.com brian@lesliecohenlaw.com</p> <p><input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor</p>	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
<p>In re: Mark Elias Crone</p> <p>Debtor(s).</p>	<p>CASE NO.: 2:17-bk-12392-BR CHAPTER: 7</p> <p>VERIFICATION OF SUPPLEMENTAL MASTER MAILING LIST OF CREDITORS [LBR 1007-1(d)]</p>

Pursuant to LBR 1007-1(d), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 1 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 9/20/18



Debtor's signature
Mark Crone

Date: _____

Joint Debtor's signature (if applicable)

Date: _____

Attorney's signature (if applicable)

The Crone Law Group 401(k) Profit Sharing Plan
c/o All Valley Administratorys, LLC
7525 N Cedar Ave #109
Fresno, CA 93720